



**Arizona Department of Health Services**  
**Tuberculosis (TB) Control Program**  
**Confidential Reporting**  
**Phone 602-364-4750, Fax 602-364-3267**  
150 N. 18<sup>th</sup> Avenue, Suite 140, Phoenix, AZ 85007

**Two or More Anti-Tuberculosis Drugs Filled for an Individual for the First Time after October 2, 2004**

|   |  |                  |                          |
|---|--|------------------|--------------------------|
| <b>Patient Information</b>  |  |                  |                          |
| Last Name   |  | First Name       |                          |
| Address   |  | City             | State<br>Zip Code        |
| Phone: (Home) (Cell / Other)  |  | Date of Birth    |                          |
| <b>Prescription Information</b>   |  |                  |                          |
| Name of Drugs Prescribed (isoniazid, streptomycin, any rifamycin, pyrazinamide, or ethambutol): |  |                  |                          |
| Date of Prescription  | Name of Prescribing Health Care Provider |                  | Phone Number of Provider |
| <b>Pharmacy Information</b>   |  |                  |                          |
| Name of Pharmacy  |  | Pharmacy Contact | Phone Number             |
| Address   |  | City<br>Zip Code | County                   |

The Arizona Administrative Code R9-6-205, effective October 2, 2004, requires all pharmacists or administrators of a pharmacy to report to the Arizona Department of Health Services when filling a prescription for two or more anti-tuberculosis medications (isoniazid, streptomycin, any rifamycin, pyrazinamide, or ethambutol). Reporting is only required the first time the prescription is filled for any patient and the first time it is filled after October 2, 2004 for those who were started on anti-TB drugs before October 2004.